CITY OF FLORIDA CITY

Building and Zoning Department 404 West Palm Drive Florida City, FL 33034 305-247-8222

SHUTTER PERMIT APPLICATION

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:	
Location of Improvements	
Address Unit	
Folio	
Contractor Information	
Cert.No.	
Contractor Name	Number of Openings
Qualifier Name	
Qualifier SS 999-99-	2 copies of an Opening layout must be
Address	submitted with the permit application
CityStSt	2 copies of Miami-Dade County Product
Phone	Approval must be submitted with the
Use of Property	permit application
Current Use	
Description of Work	
Value of Work	
Type of Improvements	
() New Construction () Repair	
() Alteration Interior () Repair due to Fire	
() Change of Contractor	
() Renewal	
Owner Information	
Name	
Address	
CityStSt	
Phone	
Architect/ Engineer	
Name	
Address	
CityStZip	
Phone	
Application is hereby made to obtain a permit to do the work and installation a of all laws regulating construction in this jurisdiction. I understand that seper	as indicated. I certify that all work will be performed to meet the standards
Mechanical, Window, Shutters and Roofing work and there may be additional	
OWNER'S AFFIDAVIT: I certify that all the foregoing information is accur	
WARNING TO OWNER: If your job cost exceeds \$2500.00 you must file a County. Failure to do so may result in you paying twice for ther improvemen attorney or lender before recording your Notice of Commencement.	Notice of Commencement with the Clerk of the Courts in Miami-Dade ats to your property. If you intrend to obtain financing, consult your
Signature of Owner or Owner's Agent	Signature of Qualifier
Print Name	Print Name
Sworn to and subscribed to me this day of 20	Sworn to and subscribed to me this day of 20
Personally known () Produced Identification ()	Personally known () Produced Identification ()
Type of Identification Produced	Type of Identification Produced